

Thompson (R)

TREATISE

ON THE

NATURE AND CURE

OF

PROLAPSUS UTERI,

AND OTHER AFFECTIONS

OF THE

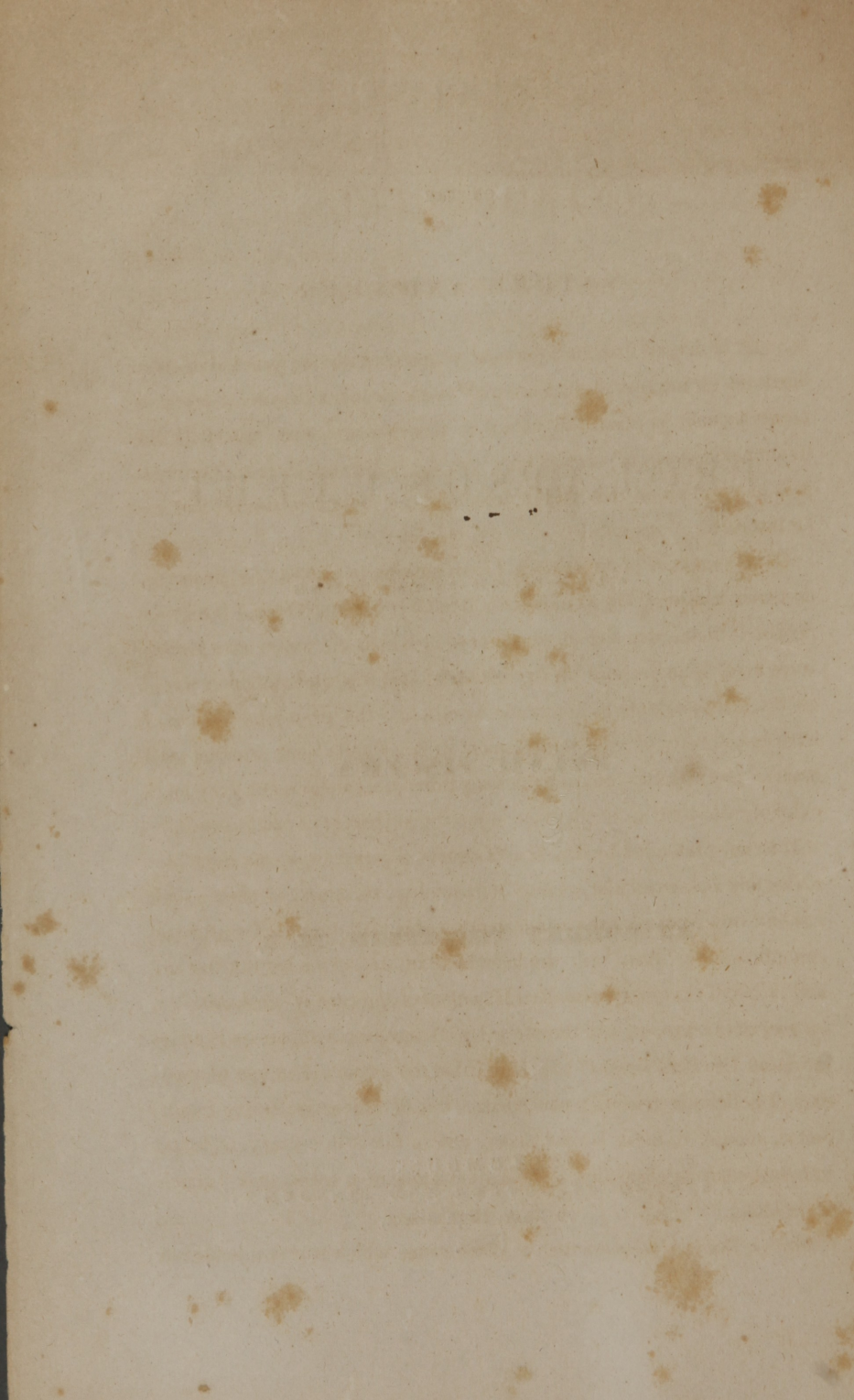
PELVIC VISCERA.

BY ROBERT THOMPSON, M. D.



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INTRODUCTION.

It is hoped that the following pages may not be found altogether destitute of interest to such as may think proper to devote a few moments to their perusal. But as they were written more especially for the consideration of such as may use the apparatus therein described, it is to those alone that this publication can present matter of particular interest.

Of the manner of this sketch I have nothing to say—so far, however, as I have had occasion to notice Dr. Hull's "Uterine Truss," it may be proper to state, that the circumstances in which the writer was placed, were such as to demand an exposition of that instrument, which would enable the profession to determine whether, as the *proprietor* asserts, *I* have been guilty of "an infringement of his rights,"—or whether, as *I* assert, *he* is guilty of a slanderous misrepresentation—or that he is culpably deficient in intelligence, upon the subject of "patent law."

It is not pretended by Dr. Hull's agents, that my apparatus resembles his in any one particular, either in its totality, structure, or parts:—nor has any other person ever conceived the idea, that there is the slightest resemblance. "But," say the agents of Dr. H., "the instruments are both applied externally, and Dr. H. *patented the cure of prolapsus &c. by EXTERNAL means*, and therefore Dr. Thompson's apparatus is a violation of Dr. Hull's right"!! Now, that the present is an age of wonders, I believe is generally conceded. But that men, professing intelligence, should, in these United States, and in the 19th century, be found to assert such an absurdity, is strong evidence of a *retrograde* "march of intellect."

Nor is the fact very creditable to the cause which it was intended to

sustain, that Dr. H., through his agents in Columbus, O., threatened a prosecution for the "violation of his rights," long before either he or they had seen my instruments, (though frequently requested to call and examine them,) for the purpose of deterring me from going into an extended business in their manufacture; alledging that I would rather abandon my purpose, than come in conflict with Dr. Hull, as *he and his partners, were* "exceedingly wealthy."

After proving rather incorrigible upon his hands, Dr. Hull, to *keep up appearances*, and to *ward off* a prosecution to which his conduct had rendered him obnoxious, in the plenitude of benevolence, good will and forbearance toward my humble self, in December last, instituted a suit in the U. S. Circuit Court, for the recovery of the *very moderate sum of twenty thousand dollars* damage to him, accruing, on account of my "infringement" of his patent!"

"But," say his agents, "Dr. Hull does not expect to recover damages in the Circuit Court in Ohio—he will carry up his case before the Supreme Court of the United States, where Dr. T. cannot follow it, and there obtain a verdict"!! Still entertaining the idea, that the *force of circumstances* may effect for him, what justice would never concede—or, that public opinion may be held in suspense upon the subject, so long as there is a *law suit* pending.

Is it because my instrument resembles his, that he wishes thus to suppress it? This cannot be, as no man of sane mind ever did, or ever will, assert their similarity. Is it because of the inferiority of my invention? It is not for this reason, as no one has asserted or can assert this of my apparatus. Is it not on account of its absolute superiority over Dr. Hull's Uterine Truss, as asserted by many of the most eminent professors and physicians in the United States, that it must be stifled in its infancy? This, with the reasons above stated, in my opinion, may explain his course.

From among the numerous testimonials which I possess upon the originality and utility of my invention, I take the liberty of presenting the following, merely for the purpose of repelling the slander so uncere-

moniously uttered by those whose interests would demand a resort to such means, for the suppression of improvement.

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated Cincinnati, May 11, 1837

“I have carefully examined the new *Uterine Truss* invented by Dr. Robert Thompson of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the *Uterine Truss* contrived by Dr. Hull, and is, in all respects, a far superior instrument.”*

See also, “*The Western Journal of Medical and Physical Science.*”
Extract of a letter from Prof. Sewall to Prof. Bigelow, dated 18th May, 1837.

“Dr. Thompson will be pleased to show you a *Uterine Truss* which he has invented, of very superior structure to any thing we have.”

Dr. Sewall to Dr. Thompson, Jan. 2, 1838.

“All who have had an opportunity to examine the *Truss*, pronounce it to be a grand invention.”

Extract of a letter from Prof. Peixotto to Dr. Thompson, dated Columbus, Jan 10, 1838.

“Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally.”

Extract of a letter from D. S. Stevenson, M. D. to H. L. Ellsworth, Esq. Commissioner of Patents, &c. dated Canonsburgh, (Pa.) May 12, 1837.

“I feel much cordiality and confidence in giving my testimony in

* Professor Mc Cleland of Jefferson Medical College, Philad., Pa. declared, upon examining the instrument that “every word of Dr. Eberle’s opinion is true.” Professors Channing and Hayward of Boston, expressed like opinions.

favor of the great utility of the *Uterine Truss*, invented by Dr. Robert Thompson of Columbus, O. From many years of practical experience and observation, I have been convinced of the great desideratum of some apparatus designed to meet the various indications now so fully answered by this *Uterine Truss*.

“The medical profession, and the community, are now furnished, by this invention, with an efficient, practical, and universal remedy, for those diseases, derangements, and infirmities of the pelvic and uterine systems, which afflict so large and interesting a portion of the human family.”

ERRATA.

Page 1 line 14 from the top, for goes, read go.

Page 14 line 7 for attachment, read attachments.

Page 19 line 5 for places, read place.

Page 21 line 9 for junction, read juncture.

Page 26 line 5 from the bottom, for interrogations, read interrogatories.

Page 29 line 9 read power of the spring.

Page 30 line 6 for under such pressure, read under pressure.

Read the following note in connection with the paragraph terminating at the top of Page 33.

NOTE.—For the cure of prolapsus ani, a cushion of proper form and size is secured upon the perineal supporters, by means of a clasp, which admits of the most neat and ready adjustment. For the treatment of vaginal, pudendal and perineal hernia, the perineal supporters, either with, or without the cushion, will be found much more comfortable and efficient than the means usually employed.

TREATISE &c.

IN presenting to the medical profession, a description of my apparatus for the cure of prolapsus uteri and various other affections, it may not be amiss to take a succinct view of the various means heretofore resorted to, for their removal, together with a few pathological observations, on the indications of cure, and the *modus operandi* of remedies. In prosecuting the subject, it is not the intention of the writer to confine himself to any definite system of arrangement.

The means heretofore in use for the cure of the diseases which constitute the subject of this paper, have been principally intended for internal use or application; and the great variety of forms, substances, and peculiarities of the props or supports, which have, from time immemorial been in the hands of the profession, together with their rejection, goes far towards establishing the fact, which it would appear has not been duly considered by their respective advocates—that *the distension or separation of the parts, the natural condition of which, is, that of proximity, is badly calculated to effect a restoration of tone*, to the loss of which, those diseases are in some degree attributable.

If it were desirable to produce such affections, and it were rendered apparent that relaxation of the vagina was a prolific cause, would we not resort to the use of the pessary? And, indeed, did we wish to add to prolapsus, various other affections which are too frequently found to exist in conjunction with it—such as mucous discharges, leucorrhœa, and other evils resulting from relaxation and irritation, what plan better adapted to our purpose could be devised, than the use of the pessary? That benefit has, in some

instances, resulted from its use, I am not prepared to deny; but that this is a common result, no one can, with propriety assert. It is not sufficient that it be shown that some of the urgent symptoms are mitigated or removed by the introduction of the pessary—or that in many cases great comfort is experienced from its use; because comfort is here enjoyed in the comparative degree. But are the parts restored to their proper anatomical relations? They are not, and of course cannot resume their physiological condition.

The weight of the pendant uterus, is, in a measure, removed from a part of those structures which sustain it in place, in a natural state, and which suffer greater loss of tone by its descent; and so long as this organ can be sustained in a comfortable manner, in its proper position as regards those structures—symptoms will be mitigated, and comparative relief afforded. But this cannot be said of the vagina so long as it remains distended by a foreign body. Nor can the sub-uterine structures generally recover their lost tone, while the additional weight and bulk of a pessary remain as a continued cause of relaxation and irritation; nor can the patient ever be freed from the cause of disease, so far as the vaginal relaxation is concerned in its production.

Now it is admitted that irritation is advantageously employed as a remedial agent in the treatment of disease; and may exert an influence as connected with the pessary practice. Rest, also, which is frequently a necessary consequence of the application of irritants, is an adjuvant means of great value under certain circumstances, and in peculiar cases of prolapsus. But if upon irritation, depends the sanitary operation of the pessary, is the vagina the proper part to locate that irritation in?—If, upon rest and irritation united, might not both be effected by the application of irritants to *external* parts, having an immediate or associate connection with the diseased structures in question?—leaving the vagina, perinæum, and other relaxed parts free to participate in the recuperative action intended to be set up in the progress towards a cure. But if this supposition in regard to the *modus operandi* of instruments introduced into the vagina be correct, it would be very important:—

1st, To determine the shape and substance of the instrument to be used, and

2d, The circumstances under which it should be worn, and, consequently, the times and frequency of its removal, to prevent the disastrous effects so often resulting from application.*

Now, as I entertain the opinion that it is chiefly through the influence of irritation, that any benefit is to be derived from the use of the pessary, I trust I shall be tolerated in submitting a few remarks, touching its *form, substance, and use*.

As distension must ever be looked upon as a great evil, in all cases requiring treatment, it will be important to fashion the instrument in such a manner as to occupy as little space as possible, while it affords, at the same time, that degree of support which is proper to the uterus. Various forms of instruments have been used—such as a pessary set upon a shaft, of small diameter, which portion is made to occupy the vagina, surmounted by a pessary which is brought to bear upon the *os uteri* with any required degree of force, by means of a connection of the lower end of the shaft, with tapes which pass around the thighs. Of this instrument, I saw a neat specimen in Boston, in the store of a respectable druggist who, I understood, was the inventor.

To facilitate its introduction, the pessary was attached to the shaft or stem by a screw: after the pessary is introduced, the stem is inserted and secured in the pessary, and the retaining bandages are adjusted.

The practical results, I was informed by the proprietor, were very satisfactory.

Another variety was exhibited to me by Professor Channing, as a matter of curiosity, and high handed quackery. The Dr. had obtained it *from a lady, for whose benefit it had been used* by a notorious empyric. It was an irregular cylinder, of from three to four inches in length, and from twelve to fourteen lines in diameter; and appeared to be composed of a portion of intestine, filled with wax or other substance, which gave it the irregular surface alluded to. This thing was introduced into the vagina,

*See Clark, Hamilton, Morand, and Blair.

its upper end brought in contact with the uterus, and the lower end secured by means of tape, passing around the thighs and pelvis.

To this class of instruments, (internal, secured by external appendages,) belongs that of the globe* pessary, retained by a metallic rod passing from the pubes to the sacrum, being attached at either end to a belt which is secured around the pelvis, and connected with the globe pessary, by means of rings or loops attached to the part of the fixture through which the rod is made to pass. This combination of parts was intended more especially for the treatment of procidentia uteri. Compressed sponge, gum elastic sacks inflated or stuffed with hair, and other substances; wood, glass, various metals, &c., have had, in a great variety of forms, their advocates, in whose hands various degrees of success have been realized. Now the best rule, in my opinion, that can be laid down as a practical guide in the use of such instruments, is, to have them retained until a tolerable degree of irritation is produced in the textures which are in immediate contact with the instrument, at which time the pessary should be withdrawn—rest enjoined upon the patient, with the use of astringent washes, and such other means as are calculated to invigorate the constitution. If a re-application of the instrument be deemed advisable, it should be clearly ascertained whether the parts may not admit of the use of a smaller pessary, lest, by the injudicious and long continued use of a large one, such a state of relaxation should be induced, as would require an instrument of inconvenient dimensions.† But as such practice would require the attention of the professional adviser very frequently, great expense, and, as the venerable DEWEES has it, a great deal of moral pain would be incurred in such practice; or, on the other hand, the various evils, such as ulceration, with penetration of the bladder and rectum, would occasionally be the result. [Hamilton.]

Now, that irritation and the consequent rejection of the instrument, together with rest in a horizontal position, which are fre-

* Clark, page 69, 70.

† A gentleman in this city informs me that he has a *maiden aunt*, in New York, who was obliged to use the pessary until it became necessary to increase its diameter to five inches ! !

quently enjoined by the necessity of the circumstances, do in some instances work cures, cannot be denied by any one; nor can the most able advocates of the pessary, while they consider relaxation of the sub-uterine structures as entering largely into the cause of the disease, find a more satisfactory solution for the question under consideration. But, as the propriety of using the pessary, as well as the material, fashion, and size to be preferred, is a matter upon which every practitioner must decide for himself, I would here dismiss this part of the subject.

Another method of cure has been proposed, which consists in causing adhesion of the sides of the vaginal canal; [*Hamilton*] but as this would be a cruel as well as a difficult remedy, it has not been brought into use, and can only be considered as a matter of evidence, emanating from high authority, of the grievous nature of the affection it was intended to remedy, as well as the inefficiency of the pessary method of treatment in general use. The same remarks are applicable to the operation of episioraphy* proposed by Dr. Frick, by which operation the labia are caused to adhere in a great portion of their extent. Of the success or extent of this practice, this writer possesses no knowledge.

Of the various external means of cure which have been offered to the profession, Dr. Hamilton's apparatus may be mentioned first, as it has been used advantageously by that celebrated professor for many years. His improvement grew out of his objections to the pessary, which are,

1st, "They can only act as palliatives whatever may be the degree of disease.

2d, "They necessarily keep up a constant irritation of the vagina, and of course a mucous discharge from this passage.

3d, "They are apt to make injurious impressions on the contiguous parts.

4th, "They become encrusted with a calcareous and highly irritating matter, if not frequently taken out and cleaned.

5th, "No ordinary pessary can be retained in cases connected with laceration of the perinæum. And

* See Dewees on Females, pp. 238, 239.

6th, "They are capable of making their way 'by slow ulceration, or absorption into the rectum.'"

The indications of cure in prolapsus uteri, are—"To increase the strength of the parts which are weak, and to afford support to the tumour, the descent of which, produces the symptoms."

To afford support to the tumour, Prof. H. uses a bandage, the circular band of which, is, in slight cases, made of fine linen or jeans, lined with soft chamois leather; but in more serious cases, tempered steel is used as in the common truss. The cushion is to be stuffed with horse hair, and adapted to the parts in size. This is to be slightly tacked to the cross strap of the bandage, and brought to bear upon the parts requiring support.

A "bandage, or uterine truss, as it is called," says Dr. Eberle, "constructed after the general plan recommended by Dr. Hamilton, has lately been offered to the profession by Dr. Hull of N. Y. On the upper surface of the cushion of this truss, there is a projection of a cuneiform shape, about three fourths of an inch in height, and one and a half inches long." This instrument in addition to the parts mentioned by Dr. Eberle, has a front pad or abdominal portion constructed with a hinge joint near its centre, which renders it like Hittel's hernia truss, capable of adaptation by means of a wedge which slides between the spring and the fore end of the pad; and as in that truss, the ends of the spring are connected by a leather strap, by means of which, a greater or less degree of pressure may be made upon the hypogastric region.

A back pad is attached to the hinder portion of the spring, "serving principally as a cushion, to prevent the spring from irritating the back," and to form a point of attachment for the T bandage which sustains the cushion, and also for the attachment of shoulder straps, in certain cases. The basis of the front and back pads, consist of thin metallic plates, covered with leather and cloth, and wadded. As an improvement upon the lower structure, Dr. A. G. Hull took out a patent for a cylindrical pessary, closely resembling, in outline, the instrument exhibited by Prof. Channing. This is introduced into the vagina, and secured to the T bandage by a small cord attached to its lower end. It is intended to prevent the descent of the womb, and is itself pre-

vented from descending, by the T bandage pressing upon the perinæum.

“*The triangular long wedge* to press upon the perinæum,” already alluded to, is to be used in the absence of the pessary. Another mode of applying pressure to the perinæum in this improved patent, is by means of a flat spring, upon the plan of Dr. Annan’s* instrument, to descend from the fore part, to the perinæum—and yet another means, is that of connecting with the hinder part a round spring which is made to descend to the same parts and for the same purposes.

Before entering upon the consideration of this apparatus in detail, it will be proper to investigate the causes and symptoms of those diseases, which it is the object of my apparatus to relieve and cure, either with or without the aid of other means. The only division which I shall recognize at present, in speaking of prolapsus, is, First, *Prolapsus of the impregnated uterus*, and, Second, *Prolapsus of the unimpregnated uterus*.

That a descent of the impregnated uterus should frequently, if not in all cases, accompany that state of the womb, is what ought to be expected when we take into the account, its anatomical relations, and physiological condition—and should not be looked upon in the light of disease, unless accompanied by some circumstances, which, to it, should be considered as accidental.

That the ligaments, so called, of the uterus, exert an influence in retaining this organ *in situ*, has been asserted, and denied by names, perhaps, of equal authority.

Gibson,† an anatomist of the 17th century, and Baron Larrey, assert that prolapsus depends upon a relaxation of the ligaments, with a relaxed and thickened condition of the uterus. Bell, Burns, Hamilton, Gardien, and others, assert that those structures exert little, if any influence in retaining this organ in place. Now, when we take a view of the uterus, with its natural connections, without enlargement, and unimpregnated, it will be found like other organs of the body, to possess a relative position to, and con-

* See Prof. Dunglinson’s Journal.

† Anatomy of humane bodies, by Thomas Gibson, pp. 169.

nection with, other organs and structures, which, sustaining each other, all retain their natural positions under ordinary circumstances.

The broad and round ligaments, I do not conceive to have been provided especially for the purpose of suspending the uterus in its natural situation. They no doubt answer other and important purposes, as their structure as well as attachment would indicate. But placed as they are, it is impossible to conceive of a descent of the womb, without producing a greater tension in those ligaments than is usually experienced. Nor, on the other hand, is it possible to conceive of an enlargement of the uterus, without the admission of the fact—either that they are in a state of relaxation, or that they possess an inherent contractility which enables them to retain their proper degree of tension under such circumstances. The mind must, of necessity, arrive at one or the other of these conclusions, from the simple fact that by the enlargement of the uterus, the uterine and pelvic points of attachment for those ligaments are brought into closer proximity. Hence it must follow, that in all cases of enlargement, the uterus may descend a certain distance, (this depending upon the degree of enlargement,) without producing an uncomfortable degree of tension upon the parts. But it will not thence follow that a descent could take place in the unenlarged uterus, without disagreeable results. Nor can I attach much consequence to the experiment of Burns, which consisted in dividing those ligaments in the dead body, and applying force from above, by which, he thought he discovered that other structures afforded the principal support to the womb. Because, if those ligaments, under ordinary circumstances, exert even the smallest possible degree of support, it follows, that upon the withdrawal of this support, a greater task is imposed upon the other structures, involved in this important office, which will debilitate, and finally produce such a degree of relaxation, as will allow the uterus to prolapse, unless counteracted by position or other means of prevention. That there does exist in prolapsus of the unimpregnated uterus a degree of relaxation, is not only admitted, but, as I believe, susceptible of proof. But this is only asserting what is equally true of all the viscera of the pelvis,

together with the membranous, muscular, and in short, every soft structure, internal and external, belonging to the pelvic region. Prof. Hamilton asserts that, the true cause of prolapsus "consists in the softening and relaxation of the membranes of the vagina, and of the cellular tissue which unites them to the linings of the pelvis." "It is evident," says the author, "that the bladder, the vagina, the rectum, and more especially the muscles lining the pelvis, and those connecting the lower part of the trunk, and the inferior extremities, mainly contribute to hold the uterus in its natural position."

In commenting upon this view of the causes of prolapsus, Prof. Eberle says: "We do not doubt the correctness of these remarks," and adds, "it appears to us quite evident that relaxation of the uterine ligaments is rather the effect than the cause of prolapsus."* That relaxation may, in some instances, result from a descent of the uterus produced by other causes, I admit—but confess that I cannot discover why those ligaments, deriving their nerves and blood-vessels from the common sources with the neighboring parts, which are acknowledged to be in a debilitated and relaxed condition, should not be allowed to participate in this general condition.

Indeed it is difficult to determine with precision, the extent to which the connection of organic debility may be traced, with reference to the diseases under consideration. But of this we are certain, that whether organs and parts, situated in the immediate vicinity, or more remotely, be implicated, the general constitution suffers, in most cases, great loss of energy by their long continuance: and it is asserting nothing new, to declare that certain causes operating upon the general health of the individual will either predispose to such diseases, or tend to their removal when already present. Who that has enumerated the cause of those affections but has adverted to the general debility as a predisponent? Or, who has advised remedial means, that has not adverted to the improvement of the constitution? But, notwithstanding all this, I am not aware that those diseases have been referred to the cause to which I conceive they may, with great propriety, be in many

* Western quarterly Journal, pp. 59.

cases traced—I mean to a partial loss of energy in the spinal nerves. It would be idle to pretend to inform any intelligent physician of the intimate connection existing between the organs implicated and the spinal marrow, through the medium of the spinal nerves. Nor would it be announcing any thing new, to inform him, that, through the same medium, there is established a most intimate connection between the muscular structures of the pelvic region and this important portion of the nervous system. These are facts, as familiar to all, as is the connection which is established between the pelvic viscera and the system of the great sympathetic nerve—and being familiar, they cannot, neither ought they to be lost sight of in investigating the causes, symptoms, and cure of the diseases and affections to which those parts are liable. In a natural and healthy condition of the system, all parts perform their appropriate functions in unison; the result of which is, health, accompanied with a sense of ease and comfort. In this condition of the system, various forces are ever active in the promotion of the general good. All the powers of the constitution thus combined, are, in a state of health, successfully engaged in resisting the operation of forces which, under other circumstances, would inevitably so far change the condition of the individual, as to render it either uncomfortable, or deprive it of some of those advantages, resulting only from a state of health.

In a state of health, we experience no inconvenience from the operation of the principle of gravitation, which is ever acting upon our organism. And indeed, so slowly may disease encroach upon us with its debilitating effects, as to leave us for a time entirely ignorant of the inconvenience to which we are ultimately destined to submit. This arises from our adaptability to the changes to which circumstances may subject us. And hence it is that we may become deeply diseased, before we are conscious of the presence of any considerable inconvenience. And hence it is also, that we are liable to err in referring disease to some cause which appears to be most intimately connected with disease, which will most readily account for the symptoms and appearances present when we visit our patient. If then, the force of gravitation is unable to produce any disagreeable or injurious

effects upon us in a state of health, its operation being based upon the quantity of matter; it must follow that unless the weight of an organ or part be diminished in the same ratio to the power of resistance which retains it in place, that the organ or part, must of necessity change places or descend when position of the body favors such descent. But that debility and relaxation resulting from a loss of nervous power, originating in causes remotely operating upon the nerves locally, or upon the nervous system generally, are capable of producing prolapsus and leucorrhœa, I conceive to be a fact of great importance in the pathology of this class of diseases.*

It will be recollected that in alluding to prolapsus uteri, I divided it into two kinds—prolapsus of the impregnated uterus, and prolapsus of the unimpregnated uterus. The former of these I took occasion to remark, should not be considered, when unaccompanied by some peculiarity, as a state of disease; but as a natural consequence of an early state of pregnancy. Nor can it be looked upon as an evil, when we reflect that it acts as a salutary restraint upon the actions of such, as, through inadvertance, seeming necessity, or from habits of society, would be liable to jeopardize their health, together with the very existence of their expected offspring, and this too, at a time which of all others is most critical, and requires the greatest watchfulness, to prevent consequences so much to be dreaded.

During this stage of pregnancy, the uterus is acting in a new capacity—forming new associations, in which both the nervous and vascular systems are deeply involved, and which, not being yet perfected, are liable to suffer derangement from many causes, were it not that this most salutary restraint—the *inconvenience* resulting from the descent of the uterus, admonishes the inexperienced or thoughtless candidate for maternity, that she is about to enter upon the duties of an office of the highest importance,

*Now, though a very marked difference exists between prolapsus and various other affections of the uterine system, it will be perceived that many symptoms are common to all. And so closely associated are they with nervous debility, and so dependent upon similar causes for their development, it is almost impossible to resist the conclusion that they belong to the same family of diseases.

and which demand of her, care at every step, and caution in every movement.

Here *tight lacing* will be felt as an inconvenience: dancing and violent exercise, late parties with their accompaniments, fatigue and loss of sleep; to which may be added, an improper and untimely imposition upon the digestive function, will conspire to enervate and enfeeble the constitution, and render it incapable of sustaining the relations so recently established in the uterine system.

Certain it is, however, that all females do not experience inconvenience from the descent of the womb during the first stage of pregnancy; nor is the descent equal in all—but where the prolapsus is productive of inconvenience, it would follow as a matter of course, that the causes which aggravate it should be avoided, and, if need require, that the parts implicated be sustained in the most comfortable manner, until the ascent of the uterus affords an immunity from a continuance of the suffering. When serious evils accompany the falling of the womb under the foregoing circumstances, it is the business of the professional attendant to direct such remedial means as the nature of the case may suggest. And it should ever be borne in mind, that no positive rule can be adopted, either in regard to rest or exercise, but that which contributes particularly to the comfort of the patient. This should be consulted upon all occasions. Whether doctors agree or disagree, this rule should be omnipotent. *The comfort of the patient should be our aim in the treatment of such affections, whether rest or exercise effect it.*

A recumbent posture* so frequently recommended, though in certain cases beneficial, should by no means be insisted upon unless the comfort of the patient is enhanced thereby.

Rest and exercise judiciously alternated, are highly essential to the well being of the female constitution, under ordinary circumstances; while either, taken in an undue degree, will tend to impair the health. And it is easy to err in prescribing either the one or the other, unless we are governed by a rule more certain than our knowledge of the precise constitutional require-

* Clark, Davis, Gardien, Burns and others.

ments of our patient, which, it will not be pretended, we can in all cases possess. Indeed, the great discrepancy of opinion between different members of the profession, amounts to something little short of proof positive of the existence of erroneous views upon this subject.

And here I would beg leave to advert to one of the most commonly enumerated causes of prolapsus of the unimpregnated uterus, for the purpose of illustrating the foregoing more fully—I mean “too early rising after confinement.” Now all will agree that “too early rising after delivery,” is an evil—a serious evil, and frequently productive of prolapsus uteri: but who will determine what constitutes *too early rising*?

Mrs. A., of vigorous constitution and plethoric habit, was delivered on Monday—sat up on Wednesday—changed apartments on Friday—rode out on Tuesday following; and within two weeks took charge of her family, in good health. A gentle laxative on the second day—free admission of cool air—cool drinks, with plain nourishment in such quantity as to prevent the sense of hunger from becoming oppressive, constituted the treatment.

Case 2nd. Mrs. B., of like constitution and temperament with Mrs. A., was delivered on Monday; but from pre-conceived opinions of delicacy and propriety, would not submit to such a state of things as had obtained in the case of her neighbor. Was kept in a state of perspiration—took warm teas—a little toast water,—a little chicken water—a little tea and toast—and in short, run through the whole “*family of littles*,”—not even forgetting a “little salts,” to which latter she paid her daily respects. Under such treatment Mrs. B. was neither able nor willing to leave her bed under two weeks; and then but long enough to *faint* and be re-placed in a horizontal position as soon as possible. After a recovery from the effects of such “*rashness*,” she complained of pain in the back and loins, with a slight return of the lochia, upon which, all parties declared her conduct in “rising too soon,” the height of imprudence; and jointly resolved that a repetition of the like, might jeopardize her life. She did not leave her bed for the next six days; and then with *extreme caution*, and enveloped

in blankets. But notwithstanding that precaution, after she returned to bed, a slight chill run over her—"she had taken a little cold,"—to this succeeded flashes of heat, accompanied with the usual symptoms of inflamed breasts, which ultimately terminated in suppuration and its concomitants, pain and debility of the loins and sacral region, with relaxation of the uterine system, accompanied by an unnatural and vitiated discharge from the vagina.

At the close of the fifth week, Mrs. B. again thought upon venturing to *try her strength*, which had, as well as her flesh, become very much reduced.* This she did by sitting up at short intervals, half an hour at a time, for a day or two, after which she ventured out into an adjoining apartment—returned, rested, ventured again, experienced a slight pain in the loins, rested tolerably well through the night, arose earlier than on the day previous, took *more exercise*, experienced a sense of debility *about the pelvic region*, a sense of dragging and pain (as she expressed it) in the groins and lower part of the back, a feeling of pressure from above upon the perinæum, as if it were desirable to have something pass from her—a slight difficulty in voiding urine, a desire to free the rectum, a discharge of whitish fluid from the vagina, with a train of nervous and hysterical feelings, and numbness in the thighs. Under such circumstances her medical attendant was consulted, who declared her's to be a case of prolapsus uteri, from *too great exertion, too soon after delivery!*—introduced a pessary, and enjoined rest in a horizontal position, together with the ordinary routine of practice, but little calculated to remove the effects of misconceived views of propriety in such cases.

Now it will not be asserted by any one, that Mrs. A. was injured by too early rising—or that Mrs. B. was benefited by long confinement. Nor can it be supposed that the latter was not an immense loser in point of comfort, while the former, in following more closely the dictates of nature and common sense, escaped all the evils consequent upon the imprudent precaution of her less fortunate neighbor.

It is known that the uterus resumes its natural size in a very

* S. Cooper Surgical Dictionary,—Article on Prolapsus Uteri.

few days after delivery—and that a restoration to the natural condition of the parts at all influenced by gestation, is much more readily effected under easy and comfortable circumstances, than when the patient is laboring under artificial inconvenience, and unnecessary restraint, which always have a tendency to enervate and enfeeble the constitution, laying the foundation for a train of oppressive diseases.

“Rest in a horizontal position,” becomes a misnomer, so soon as it becomes oppressive to the patient. At this junction, it should be appropriately named *fatigue in a horizontal position*, and so considered ; and unless some very good reason can be assigned for its continuance, a respite from its endurance should be granted to the sufferer.

Confinement either in bed, upon a mattress, or sofa, whether to prevent or cure disease, unless judiciously alternated with other positions of the body, so as to prevent oppression, is liable in many cases, to work greater evils than those intended to be remedied. Some there are, however, who can bear strict confinement not only with comfort but advantage. But to establish a general rule of practice upon such cases, would be unjust and oppressive in the extreme.

Who, possessed of a reasonable share of experience in the treatment of female affections, has not witnessed, under the observance of the strictest rules as to confinement, frequent recurrences of the discharge in menorrhagia and uterine hæmorrhage, preceded by a sense of fatigue, general irritability and restlessness. And indeed so true is this, that we need scarcely expect to arrest those discharges, until exhaustion renders confinement tolerable to the patient, or the rigidity of discipline be relaxed, and the comfort of the patient more particularly attended to.

Does not unreasonable confinement, as well as too violent exercise, produce an increase of nervous susceptibility, and irregular determinations of blood to organs laboring under disease, or a predisposition to disease ? And are not the organs peculiar to the female constitution, most readily affected under the operation of causes of an oppressive character ? Observation will confirm this at every step. The pain and weakness of the loins and sac-

rum, so characteristic of derangement of function of the sacral nerves, and which are always present in every disease to which the uterine system is liable, also affords evidence of the truth of this position. Hence it follows, that the condition of the body which is most conducive to general and vigorous health, is most favorable to the restoration to their natural state, of organs and parts which have suffered from relaxation or loss of tone.

Among the causes which produce prolapsus, may be mentioned those kinds of exercise which produce weakness of the loins, hips and lower extremities—all of which should be avoided, (in those predisposed to disease,) early in the morning—as nothing can be more injurious to the delicate female, than vigorous exercise before breakfast. And here I would remark, that the rule, (early rising and exercise,) which only applies to the healthful and vigorous, has been so strangely perverted as to enter into the list of observances prescribed to the invalid, without regard to age, sex, or condition. The force of these remarks will be felt by those who have experienced the evils alluded to.

Difficult parturition and the use of instruments, have been enumerated as causes of prolapsus and leucorrhœa; to which I would add in this place the use of ergot. That this may be used beneficially in certain cases, is conceded; but that it is too frequently used, cannot be denied; and when used unnecessarily, it must be admitted that it acts injuriously.

The uterus, like every other organ, has its appropriate time and manner for the performance of its functions, and unless prevented, generally perfects its engagements without artificial aid. But how is it with the use of ergot? Do we assist the exhausted or torpid uterus, to perform its function of parturition? No; unwilling to wait for a return of the energies of this organ, we prescribe an artificial stimulus, which goads it on to acts of desperation, in freeing itself of its contents, and causes it to perform in a few minutes, the work of several hours. And what are the consequences as regards the mother? Exhaustion, and, in many instances partial ergotism.* The effects upon the uterine system

* Dr. Chas. Hooker's paper, in the Boston Medical and Surgical Journal.—Also a paper by H. Maunsell, M. D., Dublin Journal.

are such as must necessarily follow excessive action produced by a stimulant,—a corresponding degree of relaxation, with great depression of nervous power.

Generally, well satisfied that the case is brought to a termination, the accoucheur leaves his patient, without having it in his power to assert that nature, *unassisted by ergot*, could not have effected her ends by accomplishing more leisurely, that which he, reluctant to wait, had forced her to perform, perhaps too hastily.

It is not my purpose to point out the cases in which *ergot should be used*—but of this I am satisfied—that it should *never be administered for the benefit of the professional attendant*.

Inflamed breasts and sore nipples,* which are generally accompanied with a considerable degree of constitutional irritability, are productive of uterine derangement ; even to the production of prolapsus, and vitiated discharges, ushered in with pain in the loins and sacrum ; which symptoms, are aggravated as often as the child takes hold of the nipple—thus inflicting a severe shock upon the nervous system in general, but upon the nerves proper to the uterine system in particular.

Long continued lactation, by inducing general debility, together with the oppression consequent upon nursing large children, is also productive of this affection.

To the foregoing may be added, exertion of any kind when the body is in a stooping posture—long walks—imprudent exertion in getting into or out of carriages—late parties—receiving company—sedentary habits, and corseting, which, as frequently practiced, is nothing less than a declaration of war upon the uterine system, and the direct tendency of which is, the invasion of the cavity of the pelvis, by the firmly compressed abdominal viscera. The ulti-

* Sore nipples are readily cured by the application of a strong solution of nitrate of silver, to the tender and irritable part, by means of a camel's hair pencil, immediately after the breast has been drawn ; after which, a soft, light covering should be thrown over it, to prevent the clothes from irritating the nipple. Nipple shields are seldom productive of much advantage, as they retain such a degree of moisture as to prove injurious to this part—the natural condition of which is dry.

mate consequences are but too painfully experienced by many who are never advised of the cause of their suffering.*

Leucorrhœa is usually noted as a cause, and doubtless should be so considered in some instances. But that it is a frequent cause of prolapsus, I look upon as an assumption incapable of support from correct observation. That it is frequently found to co-exist with that disease, is notorious, and should be considered rather as a consequence than a cause of prolapsus. But that leucorrhœa most frequently depends for its origin upon causes similar to those which produce prolapsus, is rendered highly probable from the following considerations :

1st, The apparent causes which produce prolapsus in one individual, will, in another, produce leucorrhœa.

2nd, Similar circumstances aggravate both affections, where they exist in different individuals.

3d, Many of the symptoms are common to both diseases.

4th, The same means are very frequently used advantageously in the treatment of both diseases.—And,

5th, Injuries of the spine, occasioned by falls, contusions, &c., are frequently succeeded by prolapsus, abortion, or leucorrhœa.

* The thoracic viscera participate largely in the evils of tight lacing. Nor does the evil stop here, as every moving fibre of the animal economy sustains a loss of energy in consequence of the diminution of the cavity of the thorax, which, in its natural and unrestricted movements, is only capable of performing the function of respiration in that perfect manner, which is conducive to general health, and vigor of constitution. Every one is aware of the fact, that a capacious chest, denotes great muscular power, as also of the strict correspondence found to exist between the narrow chest, feeble constitution, and want of muscular energy, so characteristic of the consumptive diathesis. Now as all the injurious effects usually resulting from the narrow chest, are frequently produced by artificial means of restriction, it is easy to conceive how the downward pressure of the abdominal viscera, by too tight corseting, may overcome the *diminished power* of the structures, which naturally sustain the uterus in situ. In illustration of the injurious effects of downward pressure upon the pelvic viscera, I would just remark, that I have frequently seen prolapsus uteri produced in its worst form, by abdominal dropsy, tympanites abdominalis, (an affection, which I believe is very frequently dependent upon irritation, and debility of the spinal nerves,) and an enlargement of the spleen. In such cases, it is obvious the immediate causes must be removed, before a reduction of the uterus can be effected.

But as the causes and symptoms of these affections are amply set forth in the principal works upon the diseases of females, it will be unnecessary to dwell longer upon them in this article. And I would here take occasion merely to remark, that, notwithstanding the great frequency of prolapsus uteri, it is not unfrequently mistaken for other diseases; such as affections of the liver, dyspepsia, and occasionally for diseases of the thoracic viscera; as might with some propriety be inferred from the fixed or erratic pains and oppressive sensations so often experienced by those laboring under this disease in the regions of the spleen, liver, stomach and lungs, accompanied by soreness of the muscles and integuments of the superior part of the chest, with a deep pain located between the clavicle and the spine or the scapula upon either side, pain and stiffness of one side of the neck, and pain in the head. And here allow me to add, that though one or more of those pains or sensations may exist without any connection with prolapsus—or may even hold out strong indications of other diseases, and hence be rather calculated to mislead; yet when taken in connection with pain, soreness, and debility in the loins and sacrum, with a sense of numbness in the hips and thighs, downward pressure upon the perinæum, and a dragging sensation in the groins, the evidence of uterine displacement is such as to leave but little doubt upon the mind, and it should never be forgotten, that a knowledge of the symptoms which characterize this disease, is seldom *communicated but upon the strictest inquiry*.

Before entering upon a detailed account of my own apparatus, it may not be amiss to submit a few reflections upon the *modus operandi* of Dr. Hull's instrument, as explained in his letters patent.

If it be true, as Dr. H. supposes, that pressure upon the hypogastric region does effect cures in prolapsus and diseases connected therewith: Can it be shown that his instrument does act upon the principle to which he attributes its beneficial operation? It is assumed that the instrument is calculated to support the abdominal viscera, thereby removing the downward pressure which they exert injuriously upon the uterus. The question is a question of fact. *Can his apparatus, with the parieties of the abdomen inter-*

posing, sustain, at a greater elevation than usual, the peritonæum, and with it, the intestines? The front part of that instrument is composed of two planes, meeting near the centre, which together, upon a hinge joint, form an obtuse angle,—the wings pressing, or rather being pressed, against the hypogastric region; the general bearing of the instrument being obliquely upward and backward.

Now it will not be amiss to inquire, what is the condition of the parts previous to the application of the instrument?—and, what the changes produced by its application?

The hypogastric region is supposed to be in a relaxed and depending condition, which allows the contained viscera to occupy a place somewhat lower, and a little in advance of their natural position. A portion of the intestines is however, supposed to press heavily at the same time upon the uterus. The anterior inferior portion of the abdomen, viewed in profile, would present the segment of a circle terminating below at the pubes, and above at the umbilicus. This would at least be true in all cases, accompanied with prominence of the abdomen. The upper or great pelvis sustaining a portion of the superincumbent viscera; the viscera of the lesser pelvis a portion; and the lower portion of the anterior walls of the abdomen, (including the os pubes,) a considerable portion.* Now what changes will be wrought by reducing the yielding concave walls of the lower portion of the abdomen to the condition of an almost vertical, unyielding, inclined plane—answering to a straight line drawn from the pubes to the umbilicus? Would such a change produce a state of things more favorable to the ascent of the depressed uterus? Would pressure applied in this direction be likely to replace the wandering viscera of the abdomen? To these interrogations I must give a decided negative—and for the following reasons:

1st, By reducing the parieties of the abdomen from a concave condition to that of an inclined plane, a part of the bulk at least, which occupied the concavity, would be obliged to occupy another

*See American Encyclopedia of Practice of Med. Surg.—Article Abdomen, p. 8, by Prof. E. D. Giddings. Also, Human Physiology, by Prof. Dunglison, p. 343.

part of the abdomen, without in the least diminishing the *downward tendency* of the viscera.—And,

2nd, By reducing the concave inner surface to a plane in the walls of the abdomen, the anterior portion of these walls would cease to be a point of support as formerly, thus allowing a more ready descent of those viscera which had been previously sustained by it. And lastly, for the present—because a large and yielding portion of the abdomen—which *should not have* “*a substitute for deficiency of bone*”* in the anterior section of the pelvis, is restricted in its natural motions,† in assuming the various attitudes of the body ; and thereby not only occasioning great inconvenience, but at the same time necessarily producing a greater downward pressure upon the pelvic viscera.

Now, unless it can be demonstrated that there is some inherent virtue in this instrument, to enable it to elevate and sustain the abdominal viscera, which cannot be readily explained, the foregoing reasons must be valid.

It will not be asserted that the instrument, if in immediate contact with the viscera, could retain them in an elevated position, unless the roughness or unevenness of surface would enable it to do so ; much less then, could it effect this object with the muscles interposing, provided they were denuded of their external covering. Nor could the intestines, peritonæum, muscles, fascia, and cellular tissue, if consolidated by adhesive inflammation, be so sustained, so long as the skin was only connected to its sub-structures in the ordinary manner, and by its common connecting media. The enclosed parts would prove disobedient, slide down upon the almost vertical inclined plane, *and leave the skin*, (if I may be allowed the expression,) *sticking to the pad* ;—nay, this would, in a very short time, descend also.

It is then manifest, if there is a word of truth in the foregoing positions, that the “*new fact in surgery*,” as discovered by Dr. Hull, is only an *idea*, destitute of the slightest foundation in fact ; and, as a consequence, that pressure alone upon the abdomen, *has not* “*been discovered as a cure for prolapsus.*”

* See Dr. A. G. Hull's pamphlet.

† See Geddings, pp. 7, 8.

What is it then, in this instrument, that cures prolapsus and other diseases? Is it the lower strap, surmounted by a cushion on the plan of Prof. Hamilton's instrument, as described in the original patent?

The patentee has answered in the negative, by taking out a subsequent patent for what he styles "an improvement" upon that instrument, which consists, as stated, of a long round pessary, to be introduced into the vagina, there to be secured by a string which is attached to the lower end, and fastened to the perpendicular, or central portion of the T bandage; and also, a "long wedge, which, in the absence of the last described part, is to be brought to bear upon the perinæum, and secured upon the lower strap to produce the same effect as the former.

It cannot surely be the former of these improvements to which the cure is to be ascribed—it is a pessary, and a pessary, too somewhat resembling one heretofore in use. But enough—pessaries were denounced and cast aside by the inventor of the original instrument, and of course *this one* may be liable to some of the objections urged against the tribe of pessaries by Dr. Hull and others. Well,—let me inquire, is it the "long wedge" that does the business? I confess I must here pause.

Examine for yourselves, and then, should you be convinced of its utility, and can find patients capable of enduring its operation, try it, and then you will be able to determine. If the uterus were an intelligent creature, I doubt not it would retract rather than come in rude contact with this "long wedge."

But upon what does the curative operation of this apparatus depend? As the question still recurs, and will recur still, until answered;—I would state, that so far as it possesses curative powers, they have been in a great measure misunderstood, even by the compiler of the instrument. But, nothing the less valuable for not being understood, as something is always to be accredited to the account of mystery! as *must be admitted of the operation of the magnet*, suspended from the neck to the hypogastric region, which had been known in Philadelphia, (as I was informed,) to have effected many cures of prolapsus! Some may suppose that this result depends upon "*animal magnetism*," as there is an

abundance of steel and iron in the composition of the instrument.

Rigid and unyielding in its composition, (so far as I have ever seen,) it must be self-evident that its operation upon most patients must be severe. Nor is it a satisfactory reply to this objection, *that the spring is elastic*. So long as the extremities of this spring are connected by a rigid leather strap, which, with the spring, form a zone for the pelvis, of unyielding texture, as regards extension, while the whole power of spring, in all instances is constantly operating with definite force, which cannot be lessened to suit the comfort of the patient, but may be augmented by the strap and the wedge. Nor can any argument in favor of this fashion of instruments be drawn from the ordinary truss for hernia. In those instruments,* (the most perfect of which, so far as I am informed, is Dr. Chase's) the extremities of the spring are connected by a strap, but this strap is narrow where it passes over the yielding portion of the abdomen; and moreover, the block which constitutes the *point of bearing* is so far below the spring as to partake largely of its spiral elasticity, so that the movements of the body are but slightly restricted—no more than is absolutely necessary to effect a perfect retension of the intestines. And in this instance, were it even oppressive in some degree, the necessity of the case, the secure retension of the bowel, would be a sufficient justification for the use of the instrument. While in the uterine truss of Dr. Hull, the abdominal compress, extending from the pubes to the umbilicus, is unyielding, with the spring and strap passing over its centre, compressing the hypogastric region as a substitute for a "*deficiency of bone*;" and, in the nature of the case must, to a very inconvenient degree resist the movements of this yielding, elastic portion of the abdomen; to the displacement and detriment, as above shown, of a portion of the abdominal and pelvic viscera. In the former, (hernia,) a weak point has to be protected, a point of escape for an important viscus is to be guarded; while in the latter, no such plea exists for the use of any apparatus which can produce pain or inconvenience. *Relaxation and debility of parts*

*See report of the Philadelphia Society.

and organs, may be obviated by the application of such textures and structures as will sustain them while they yield to the several motions of the parts; and this too, (acting and reacting,) in easy conformity with the various attitudes of the body.

Now as every tangible point belonging to the pelvic region, is either relaxed, debilitated, pained, or tender, under such pressure, in one or the other of the diseases under consideration—and as it is a fact, long and well established, that parts in the conditions above mentioned, derive much benefit from the supporting influence of sustaining bandages, it was deemed an object of the first importance to devise and construct such a suit of apparatus, as would afford all needful support to the exterior structures of the pelvis and abdomen *directly*, as well as to sustain *indirectly*, all such parts and organs, as could be acted upon advantageously through the medium of interposing parts—or upon the principle of sympathy or continuity of action.

However discrepant may be the pathological views entertained by different individuals, upon the diseases alluded to, it must be conceded by all, that they are characterized by local, and in many instances, general debility.

Again, so long as this feature of disease can be mitigated in all who labor under it, by the aid of external means of support, while the system is enabled, either through the influence of its own recuperative energies, or by means of proper internal remedies, to return to its healthful condition, it is proper to avail ourselves of the advantages of such means as are best adapted to the end proposed; and at the same time, calculated in the highest degree to enhance the comfort of the patient.

Such an apparatus I now take pleasure in introducing to the notice of the profession; fully impressed with the belief that it is calculated to afford more decided relief, and produce more satisfactory results, than any kind of instrument or apparatus heretofore known or used in this or any other country.

To convey an adequate idea to the mind, of the applicability of the apparatus to the uses intended, it will be necessary to premise a brief description of the several parts which enter into its

composition ; which must necessarily be intersperced with an occasional practical remark.

For the purpose of affording proper support to the sacral portion of the pelvis, (a part which is usually tender under pressure,) a pad, based upon firm leather, of proper size, and neatly cushioned is provided. This part is retained in place by two straps, composed of fine leather, or woven texture, lined with velvet or other soft material, to which is added a portion of *elastic webbing*, sufficient to answer all the intentions of elasticity contemplated in the use of the bandages. The anterior extremities terminate in straps adapted to buckles or other fastenings, by means of which, they meet, and are secured before, upon a "front portion;" which consists of a piece of fine, soft harness, or buff leather—rounded at the extremities, and neatly lined with kid, chamois, or velvet. This portion is from three to four inches wide ; and on account of its yielding quality, becomes readily adapted to the form of the lower portion of the hypogastric region. The upper strap lies upon the crest of the ilium, which prevents it from descending upon the inferior portion of the pelvis ; both of the straps are secured before, as above stated, and should be so tightly drawn as to afford comfortable support to the parts embraced by the entire girdle, composed of the sacral pad, pelvic straps, and the front part. The perineal straps or supporters, are made of fine leather, elastic cloth, or other appropriate stuff, wadded in a soft and neat manner, and adapted by means of hooks, &c. to a variation of length. These straps or supporters are attached posteriorly to the lower pelvic strap, by means of suitable fixtures, and at a proper distance from either side of the sacral pad ; and pass from thence down in the direction of the perinæum, upon which part they come together, and passing forward, ascend between the labia pudendi and the heads of the thighs ; and thence to the abdominal portion of the girdle, where they meet the elastic portion, to which they are secured by the means above mentioned.

These supporters are calculated to sustain, in a comfortable manner, all the parts and structures over which they are made to pass, without, in the least degree, interfering with the function of

any organ, and should be drawn so tightly, as to retain all the soft structures of the inferior outlet of the pelvis, in their natural relative situations.

In addition to this, and as a variety of the pelvic girdle, I would mention an abdomino pelvic supporter, which is so contrived, and constructed of such materials as to allow it to embrace the entire soft and elastic portions of the abdomen, while it sustains the spinal column in a most comfortable manner; allows the utmost freedom of action to every part of the body, and can, under no circumstances, be drawn into wrinkles or folds upon the skin.

To cases of prolapsus, accompanied by great abdominal relaxation or prominence, with weakness of the back and loins, this structure is most fitly adapted; as well as to every other condition of the abdomen, which can at all require the use of bandages.

Of the advantages to be derived from bandages in their application to the lying-in woman, it would been tirely useless to say one word, were it not that some, from the use of improper bandages, or the abuse of a better sort, have taken occasion to raise their voices against them in almost every conceivable case. That a bandage of such quality as must, in the nature of the case be thrown into wrinkles or folds, and act upon the body as a rigid cord, should find opposition among patients and accoucheurs, is by no means surprising—or that a more comfortable kind, composed of *rigid* and *unyielding* materials should not meet the approbation of all, is easily accounted for. But that a bandage of easy application, capable of the most perfect adaptation to the varying forms of the abdomen, with the most perfect and smooth extension, and formed of elastic, yielding materials can be opposed by any, is extremely questionable. In the application of this, however, as in the use of all other external means of support, the comfort of the patient should ever be consulted, a rule which is seldom violated long with impunity—as *support without oppression* can alone prove really beneficial. This bandage is therefore made capable of the most delicate adjustment by means of buckles and elastic straps, which allow the ready application of any required degree of pressure to the parieties of the abdomen, without in the least disturbing the patient. There are several other parts with

their varieties, embraced in my letters patent, which are applicable to cases of rare occurrence as to peculiarity of affection, which it is unnecessary now to describe, as the general intention of all is the same,—the support of relaxed and debilitated tissues and organs.

The utility of bandages in various forms, has been long and extensively known, in sustaining diseased and debilitated parts; as well as by affording support to such portions of the body as are liable to be called into powerful and active exertion in a state of health. To their utility in surgery, the annals of that science bear ample testimony; while history, both sacred and profane, makes frequent allusion to "*the girding up the loins*," as a pre-requisite to powerful and continued exertion. Indeed so general is the knowledge of this fact in the world, that we frequently see modifications of this ancient usage practised by such as perform extraordinary feats of labor or agility. But, as this practice, so advantageous when properly directed, is, like all others, subject to abuse, I would here take occasion to remark, that the great frequency of hernia in modern times, depends, in some measure, upon the application of belts too high upon the body, to the decided disadvantage of the lower portions of the abdomen, which, from various considerations, are more liable to hernial protrusions, and which, if properly guarded upon important occasions, might escape with impunity.

The beneficial effects of bandages depend, in cases of relaxation *unaccompanied by elongation of fibre*, upon the support of compression, which is usually afforded by the sheaths of the muscles; the adjacent tissues and the common integuments—but which, under such circumstances, is in some measure absent: upon the resistance of too great flow of blood to parts laboring under debility, tenderness or pain, to which they are liable from the foregoing considerations, a certain degree of compression, as well as a certain quantity of blood being necessary to the action and comfortable feeling of every organ of the body. They are exceedingly valuable in cases accompanied by elongation of fibre, or distension of parts, such as occur in distension of the abdomen and perineal region, when all the sustaining structures are

partially overpowered, having yielded to forces disproportioned to their power of resistance. In those cases, appropriate supporters allow a contraction of fibre, with restoration of tone, so far as consistent with the nature of the causes which produced the distension.

Bandages also prove highly advantageous in sustaining the several articulations by preventing too great a degree of motion, and by regulating and controlling, within proper limits, the action of the muscles—all of which facts may be fully illustrated by turning our attention to the sacro-vertebral articulation of the loins, with the muscles which control the motions of this very important region of the body—a part in which, whether in a state of health or disease, we first experience the sense of fatigue so frequently induced by a long continuance of the erect posture, or the powerful exertion of the locomotive organs.*

Now as the diseases which constitute the subject of this paper, are all, in a greater or less degree, preceded, accompanied, or succeeded by one or more of the foregoing symptoms or conditions, it may be most unequivocally asserted that the most beneficial effects will result from the application of external supports. And whether we consider those affections as local, general, or mixed, as to their causes and characters, it is nevertheless true, that the *removal of their symptoms* by whatever means effected, is the only ground upon which we can hope for a cure. Pain, irritation and relaxation, with or without debilitating discharges, constitute the leading characteristics of this class of diseases. Nor is it possible to remove either, without decided advantage accruing to the patient; which may finally result in a most perfect cure. It may, therefore, in such cases be laid down as an aphorism—that *whatever enhances the comfort of the patient, tends toward a restoration of health.*

To the directly debilitating and grievously oppressive nature of prolapsus, is superadded, in numerous cases, a disability to exercise, amounting almost to positive confinement within very narrow limits; which is in itself highly destructive of the firmness and tone of the muscular and nervous systems. It is there-

* See Prof. Dunglison's Human Physiology, pp. 343.

fore an object of the utmost importance, that the patient derive, as early as possible, the advantages of out-door exercise in pleasant weather, as being recuperative in a very high degree. This object it will be perceived, was particularly regarded in the device and construction of my pelvic supporter. By embracing and gently sustaining the sacro-vertebral portion of the spine in particular, the integuments, muscles, and entire soft structures of the superior portion of the pelvis, and lower portion of the abdomen generally, while the parts composing the floor of the pelvis are sustained in their natural anatomical relations; the sense of debility, pain in the back or other parts subside, and the almost perfect return of the natural feelings, results, either immediately or more remotely, from the proper application of this apparatus; unless the case presents certain peculiarities requiring either preparatory or collateral treatment. And hence it follows, that the patient is enabled to enjoy comparative comfort, with all the advantages consequent upon an immunity from positive suffering: a consideration of the utmost importance, when we reflect upon the tremendous effects produced upon the constitution by the operation of causes, seemingly to many, unworthy of notice. For, as Dr. Shattuck most beautifully expresses it—"All the component fibres of the several parts of the body are connected with the brain and the heart through the media of nerves and vessels. If the motions of life are but interrupted in a single fibre, the whole system is made to feel it."

RULES TO BE OBSERVED. [*Of the nature of the case.*]

To the proper and successful application of my apparatus for the cure of prolapsus, it is necessary—

1st. That the particular nature of the case be clearly ascertained, and causes of undue downward pressure removed, if such exist.

2nd. That the pelvic viscera be restored to their natural relative positions. *

* In slight cases of prolapsus uteri, and prolapsus vagina, the organs, in a very short time under the operation of the instrument, resume their proper place. But should the displacement be so great as to prevent a return of the organ, when the patient occupies a horizontal posture, it should be reduced, as recommended in the various works upon the subject.

3d. Under circumstances of great local or constitutional irritability, it is proper to premise the use of such means as are calculated to soothe the suffering parts. But as the instrument may be brought to bear most gently upon the structures over which its several parts are made to pass, delay in its application is very rarely called for.

4th. Particular attention should be given to other affections, either constitutional or local, which may exert an injurious influence upon the health of the patient.

5th. The foregoing rules are applicable also, to all other affections for the treatment of which the apparatus is intended, so far as the principle of general support of the abdomino-pelvic region is contemplated—each particular displacement, (such as hernia prolapsus, &c. heretofore alluded to,) will suggest that *particular application*, and bearing of the several parts of the instrument proper to the case.

OF THE APPARATUS.

1st. If the patient be emaciated, an apparatus of soft texture in its several parts, with thick sacral pad and perineal straps, should be selected. If fleshy, the pad and perineal supporters should be more thin.

2nd. The instrument should be selected with regard to size. The pelvic measure should be taken about two inches below the crest of the ilium. This measure should correspond in length with the lower pelvic strap, which should pass around that part of the body. The upper pelvic strap lying upon the crest, (the superior margin above, with the inferior below,) this part constituting a point of support, while the anterior ends descend to the front or abdominal portion of the apparatus, the central portion terminating behind in the sacral pad.

3d. The perineal supporters are generally made in proportion to the other parts as to length, and admit of alteration in this respect.

4th. It frequently occurs, that those portions of the apparatus can be brought to bear with particular advantage upon certain tender or weak points in the ilio-sacral region, or upon such other parts adjacent to their ordinary points of action, as may require

support, or may derive advantage from their use. To that end, therefore, their posterior points of attachment to the lower pelvic strap can be varied at pleasure.

5th. The apparatus can be worn at all times, and under all circumstances ; but lest constant use should render its discontinuance unpleasant or injurious, it should be laid aside occasionally, or slackened as the nature of the case may require or admit.

6th. The instrument should be kept in as neat a condition as possible, that the skin may not suffer an abrasion of the cuticle. To prevent this, if threatened, cold ablutions may be practised with decided advantage, not only to the surface but also to the internal organs.

7th. In selecting the abdomino-pelvic bandage, it will be proper to be governed by a measure of the abdomen below the umbilicus, and also of the distance between the pubes and lower end of the sternum.

From what has been already said of this fashion of apparatus, it is unnecessary here to dwell upon its fitness in a variety of cases which fall under the notice of medical practitioners.

With respect to the medical treatment which should be advised during the use of the apparatus, it will be unnecessary to make but few remarks, as every treatise upon the diseases of females may be consulted with advantage. But I would remark generally : that in all cases, the exciting, as well as the aggravating causes should be clearly ascertained and sedulously avoided ; and that, (unless there be some rare peculiarity in the patient or the case,) the constitutional condition of the patient should never be lost sight of. Free air, *exercise never carried to fatigue*, a free state of the bowels, nourishing diet, agreeable company at proper hours, (never allowing the rules of society to interfere with the comfort of the patient,) the resilience occasioned by the cold hip-bath or aspersion, are means exceedingly beneficial in cases accompanied with great relaxation.

When I have had occasion to prescribe astringents, the most favorable results have been derived from the use of the various preparations of iron. Of these, however, I generally prefer the muriated tincture. The solidified balsam copaiva, exerts a

decided influence in controlling the vitiated discharges which accompany many of the affections of the uterine system.

In cases requiring astringent washes, the most beneficial results may be derived from a dilute solution of the sulphate of copper, or the nitrate of silver. The former in cases with great relaxation—the latter in cases accompanied by great tenderness and irritability of parts. Dry cupping, stimulating embrocations and plasters, will be found worthy of high consideration in the removal of soreness and tenderness which are frequently found to exist in the vicinity of the spine. For the purpose of restoring tone to the system in cases accompanied by great relaxation, electricity, succeeded by the use of the saturated tincture of strychnia, in doses of from 5 to 15 drops morning and evening, may be used with decided advantage.

In conclusion, I would take occasion to remark that it is seldom necessary to direct the use of any of the foregoing medicinal prescriptions; but as cases are occasionally met with, in which, from constitutional or other peculiarities, all means prove slow in effecting cures, I have thought proper to mention such adjuvant means as have proved valuable in my hands; not doubting but that every member of the profession can summon to his aid in the use of the instrument, means as valuable as those I have mentioned.

NOTICE.

As it is a matter of importance, not only to acquire and establish a reputation for any thing, in itself valuable, but to maintain such reputation when acquired, it was deemed advisable to have my apparatus in its several varieties, manufactured under my own immediate direction, as to fashion, quality, and style. To that end therefore, I have entered into a business arrangement with Messrs. SAMUEL CUTLER and JOHN FRENCH, under the firm of **Cutler, French, & Co.**, and now take pleasure in assuring the profession, that a constant supply will be found at the Drug Store of

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As the instruments are intended to suit every grade in society, as a remedial agent, it is also intended that they shall, as nearly as the nature of the case will admit, be placed within the reach of all, as regards prices.

It is intended also, to keep constantly on hand the very best quality of **Surgical Instruments**, with a choice selection, and most extensive variety of **MEDICINES, DRUGS, &c.**

Columbus, March, 1838.

